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CCC Core Planning Team Meeting April 23, 2002, 1pm–3pm 201 W. Preston St, Rm L-2 MINUTES

⇒Informational Updates (Robert Villanueva)

•Update regarding the use of grant funds from the CDC. Funds that were originally to be used for the hiring of an epidemiologist will now be directed to covering the cost of the Consensus Conference and the subcontract with UMBC for planning of the Town Hall Meetings.

⇒Evaluation Tool (Bowie Little-Downs)

- •Synopsis of comments regarding the last CPT meeting. An 86% response rate was achieved.
- •The Evaluation group has decided to delete question #3 from the Meeting Evaluation Form.
- •Explanation regarding the "Introduction of Evaluation Tool". This page will be used as a guide for the staff person who introduces the evaluation component to each committee.
- •An organizational chart has also been developed to show the relationship of all parties involved in the planning process. This will be used as an introductory tool for the committees.

→Town Hall Meetings (Kate Shockley & Robert Villanueva)

- •Background on sub-contract with Ginny Thomas and the Center for Health Program Development and Management at UMBC.
- •UMBC will provide the following:
 - -Arrange 7 meetings around the state, selecting site and doing logistics
 - -Arrange publicity and develop invitation material
 - -Develop a product, which will include summaries of the meetings by geographic location, cancer topic, and an executive summary
- •Review of draft agenda for the Town Hall meetings.
- •Before the meeting, participants will be provided with a list of questions by which to focus their comments and testimony during the meeting. Suggestions were made regarding these questions:
 - -Ask questions more specific to each community.
 - -Ask about specific types of barriers to accessing services (i.e. financial, system navigation, getting treatment)
 - -Be consistent with the rest of the Cancer Plan, and address services pertaining to prevention, education, screening, and treatment.
 - -Ask participants to name their top 1 or 2 suggestions for inclusion in the Cancer Plan.
- •Discussion regarding location of the meetings around Maryland. Suggestion was made to utilize video-conferencing in some locations for a "Virtual Town Hall Meeting." Facilities are available through the Statewide Health Network and local health departments.
- Decision made to have meetings as follows:

-Hagerstown (with video-conferencing from Garrett county)
-Eastern shore (with video-conferencing from lower shore)
-Montgomery county
-Prince George's county
-Charles county
-Baltimore city
-Anne Arundel county

Time: 4-6:30pm
Time: 7-9pm
Time: 7-9pm
Time: 7-9pm
Time: 7-9pm

- Suggestion made to encourage submission of comments and testimony via the website.
- •Suggestion made to investigate cable coverage of the meetings through a community college.
- •Discussion regarding facilitator/speakers at the Town Hall meetings. It was suggested that at each meeting, we have a representative from the Core Planning Team, local health department, possibly a

committee representative, a Council member, and at least one MD. At least one core staff member will be present at each meeting (Robert, Kate, Bowie).

- •The conference will be held October 16, 2002 at Martin's West.
- Review of agenda.
- •An evaluation tool will be developed by the Evaluation group based on last year's Symposium evaluation.

⇒Committee Progress (Kate Shockley)

- •Committee recruitment is complete, with the exception of targeted individual recruitment as needed.
- •A matrix is available to show the chairperson, staff liaison, and evaluation liaison assigned to each committee. This will be redistributed once complete.
- •ACS has supplied a representative for each committee.
- •To date, three committees have established a first meeting date.
- •Member suggestion to list committee members on the website as well as meeting dates. Discussion regarding privacy issues. Decision to consult committee members at first meetings regarding the display of their name on the website.
- Review of status of each committee.
- •Review of draft agendas for disease-specific committees, diet/physical activity, environmental issues, and the palliative care sub-committees.
- •Discussion regarding the maps showing Maryland locations of gastroenterologists, mammography centers, etc. Suggestions and comments were made regarding the labeling of the maps and where the information was obtained. Suggested information sources include the BPQA, JCAHO, and the CRFP survey of hospitals.
- •Review of the sample committee binders, which contain the data, literature review, screening guidelines and PDQ summaries.

⇒Data (Carmela Groves & Frank Ackers)

- •The data was sent to the SPORE reviewers on 4/10 along with targeted questions for them to address. The SPORE reviewers were also given copies of the 1991 and 1996 plans, the CRF Annual Report, a description of methods, and ACS incidence/mortality data.
- •So far, some of the comments of the SPORE reviewers have asked how Maryland compares to other states and how jurisdictions within Maryland compare to each other.
- •Suggestion was made to include questions that can't be answered with the current data collection in the surveillance chapter of the plan.
- •Suggestion was made to include focus on disparities and race/ethnicity data collection in the surveillance chapter.

Next Meeting – June 4, 2002, 10am –12pm